



LEADERSHIP/DISTINGUISHED TOASTMASTER AWARDS APPLICATION

Name _____ Date _____
PLEASE PRINT OR TYPE

Address _____ Club No. _____ District _____
STREET

CITY

STATE/PROVINCE

POSTAL CODE

Applicants must be members at the time World Headquarters receives the application. Be sure to have your Vice President Education sign the form where indicated. Please check award for which you are applying. All award requirements must be completed before you send the application to World Headquarters.

Competent Leader (complete Section I)

Advanced Leader (complete Section II)

Distinguished Toastmaster (complete Section III)

I. COMPETENT LEADER

■ Received Competent Toastmaster (CTM) award

DATE

CLUB / DISTRICT NO.

■ Served at least six months* as a Club Officer (President, Vice President Education, Vice President Membership, Vice President Public Relations, Secretary, Treasurer, or Sergeant at Arms) and participated in the preparation of a Club Success Plan while serving in this office.

(* YOU MUST HAVE SERVED AS AN OFFICER FROM JULY 1 THROUGH DECEMBER 31 OR JANUARY 1 THROUGH JUNE 30 TO FULFILL THIS REQUIREMENT. OTHER SIX-MONTH PERIODS DO NOT QUALIFY. THE SIX MONTHS MUST BE COMPLETED AT THE TIME YOU SUBMIT THIS APPLICATION.)

Office held _____ in Club No. _____

Served six months as follows (check one and fill in year)

_____ July 1 – December 31, 19__

_____ January 1– June 30, 19__

Date you helped prepare a Club Success Plan for your Club _____

■ While serving as a Club officer, participated in a District-sponsored Club officer training program. (Applicants in undistricted Clubs need not complete this requirement.)

Date attended training _____

■ Conducted two programs from *The Successful Club Series*.

(SUCCESS/COMMUNICATION, SUCCESS/LEADERSHIP, YOUTH LEADERSHIP AND THE BETTER SPEAKER SERIES PROGRAMS DO NOT QUALIFY.)

PROGRAM NAME

DATE PRESENTED

1. _____

2. _____

II. ADVANCED LEADER

- Received Competent Leader award

CERTIFICATE NO. _____ DATE RECEIVED _____

- Served a complete term* (July 1 – June 30) as a District Officer (District Governor, Lieutenant Governor, Public Relations Officer, Secretary, Treasurer, Division Governor, Area Governor). (Applicants in undistricted Clubs need not complete this requirement.)

(* TERM MUST BE COMPLETED AT THE TIME YOU SUBMIT THIS APPLICATION.)

Office held _____ District No. _____

Date served (fill in years)
July 1, ____ through June 30, 19____

- Completed the High Performance Leadership Program.

Certificate No. _____ Date received _____

- Served successfully as sponsor* (up to two allowed) or mentor** (up to two allowed, appointed by the District Governor) of a new Club. Name must appear on Application to Organize (Form 5).

(* MEMBERS ARE SUCCESSFUL SPONSORS WHEN THE NEW CLUB CHARTERS AND SENDS WORLD HEADQUARTERS A LETTER VERIFYING THAT THE SPONSOR PERFORMED HIS/HER DUTIES. WORLD HEADQUARTERS MUST RECEIVE THIS LETTER NO LATER THAN 90 DAYS AFTER THE CLUB CHARTER DATE.)

(** MEMBERS ARE SUCCESSFUL MENTORS AFTER THEY HAVE WORKED WITH THE NEW CLUB FOR AT LEAST SIX MONTHS FOLLOWING ITS CHARTER AND THE NEW CLUB SENDS WORLD HEADQUARTERS A LETTER VERIFYING THAT THE MENTOR PERFORMED HIS/HER DUTIES FOR THOSE SIX MONTHS.)

NEW CLUB NAME _____ NEW CLUB NO. _____ DATE CHARTERED _____

OR

Served successfully as a Club specialist (up to two allowed, appointed by the District Governor), rebuilding an existing Club with nine or fewer members to a total of at least 20 members within one year of appointment. (World Headquarters must have appointment notice on file.)

CLUB NAME _____ CLUB NO. _____ APPOINTMENT DATE _____

III. DISTINGUISHED TOASTMASTER

- Received Advanced Toastmaster Gold award.

CERTIFICATE NO. _____ DATE RECEIVED _____

- Received Advanced Leader award.

CERTIFICATE NO. _____ DATE RECEIVED _____

SIGNED _____
VICE PRESIDENT EDUCATION

Please send a letter about my award to my employer or supervisor listed below. **(Type or print neatly and do not abbreviate title or company name.)**

EMPLOYER'S / SUPERVISOR'S NAME _____ TITLE _____

COMPANY _____

ADDRESS _____

CITY _____ STATE / PROVINCE _____ ZIP _____



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